

**CERTIFICATION/REQUEST OF ABSENCE FOR ILLNESS, FAMILY ILLNESS, NEW CHILD**

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Employee No.</b>
<b>Work Location Name</b>	<b>Job Title</b>	<b>Employee's Telephone No.</b> ( )	

2. Starting date of absence       /      /       Last date of absence (expected)       /      /        
Mo. Day Yr. Mo. Day Yr.

(NOTE: Absences "A" through "D" may qualify as Illness leave; "E", "F" & "G" as Personal Necessity; "E" may also be Kin-Care.

6. Do you request FMLA/CFRA protections? (See District website or your supervisor for FMLA facts) ☐ Yes ☐ No

8. Is the request being made for unpaid leave/absence? ☐ Yes ☐ No

Form No. 60.ILL: Revised 7/1/14